

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Phone #: (608) 261-7097

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Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR HOME INSPECTOR EXAMINATIONS

IMPORTANT: You must contact the Examination Board of Professional Home Inspectors, Inc., at 1-877-543-5222 to register for and take the National Home Inspector Examination. You must pass the State Statutes and Rules Exam and the National Exam to apply for a license.

TYPE OR PRINT IN INK

ENTER YOUR LAST NAME, FIRST NAME AND MIDDLE INITIAL

ENTER YOUR ADDRESS

(NOTE: Name and address information provided to the Department is available for public inspection under Wisconsin law. You may use a business address or a home address as your address of record with the Department. If mailing address is a P.O. Box, the Zip Code # must be that of the P.O. Box, not the street address.)

Number	Street	PO Box
City	State	Zip Code

DATE OF BIRTH: _____
month day year

DAYTIME TELEPHONE #: () _____
FAX NUMBER: () _____

HOW DO YOU DESCRIBE YOURSELF (Optional)

<input type="checkbox"/> White, not of Hispanic Origin	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Male
<input type="checkbox"/> Black, not of Hispanic Origin	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Female
<input type="checkbox"/> Hispanic		

EXAMINATION INFORMATION: The exam will be administered on the following dates in the following cities. Please choose an exam date and exam location. Approximately 10 days before the exam date, an admission ticket will be mailed to eligible candidates. The admission ticket will contain directions to the exam site as well as the time to report.

DEADLINE FOR EXAM IS 30 DAYS BEFORE THE DATE YOU CHOOSE

SELECT EXAM DATE

<input type="checkbox"/> January 8, 2005	<input type="checkbox"/> July 9, 2005
<input type="checkbox"/> February 12, 2005	<input type="checkbox"/> August 13, 2005
<input type="checkbox"/> March 12, 2005	<input type="checkbox"/> September 10, 2005
<input type="checkbox"/> April 9, 2005	<input type="checkbox"/> October 8, 2005
<input type="checkbox"/> May 14, 2005	<input type="checkbox"/> November 12, 2005
<input type="checkbox"/> June 11, 2005	<input type="checkbox"/> December 10, 2005

SELECT ANY EXAM LOCATION

<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Madison
<input type="checkbox"/> Green Bay	<input type="checkbox"/> Waukesha

For Receipting Use Only

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to application.

☒ \$ 57.00 Examination fee

Wisconsin Department of Regulation & Licensing

MARK AN X IN THE APPROPRIATE BOX. If you answer **Yes** to any question, give all details on a separate sheet.

YES NO

- a. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against you? If YES, complete and attach Form #2252. ☐ ☐
- b. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the agency. ☐ ☐
- c. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. ☐ ☐
- d. Is disciplinary action pending against you in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of action. ☐ ☐
- e. Have any suits or claims ever been filed against you as a result of professional services? If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition. ☐ ☐
- f. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? ☐ ☐

And if in another name, what name? _____

APPLICANT MUST SIGN

I state that I am the person referred to in this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for conviction of a crime and revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws and rules of the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Applicant

Date

Type or Print Name of Person Signing Above

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth _____ _____ _____
 month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996